

# STDs in Minorities

## Public Health Impact

Surveillance data show high rates of STDs for some minority racial or ethnic groups when compared with rates for whites. Race and ethnicity in the United States are risk markers that correlate with other more fundamental determinants of health status such as poverty, access to quality health care, health care seeking behavior, illicit drug use, and living in communities with high prevalence of STDs. Acknowledging the disparity in STD rates by race or ethnicity is one of the first steps in empowering affected communities to organize and focus on this problem.

Surveillance data are based on cases of STDs reported to state and local health departments (see **Appendix**). In many areas, reporting from public sources (e.g., STD clinics) is more complete than reporting from private sources. Since minority populations may utilize public clinics more than whites, differences in rates between minorities and whites may be increased by this reporting bias.

## Observations

- Although chlamydia is a widely distributed STD among all racial and ethnic groups, trends in positivity in women screened in Health and Human Services Region X (Alaska, Idaho, Oregon, and Washington) show consistently higher rates among minorities (Figure Q).
- In 1998, African-Americans accounted for about 77% of total reported cases of gonorrhea (Table 12A). The overall gonorrhea rates in 1998 were 861.6 cases per 100,000 population for African-Americans and 74.3 for Hispanics compared with 28.3 for non-Hispanic whites (Figure 16, Table 12B). Compared with 1997, 1998 rates of gonorrhea increased for all race/ethnic groups reported.
- Gonorrhea rates are high for African-American adolescents and young adults. In 1998, black females aged 15 to 19 years had a gonorrhea rate of 3,851.7 cases per 100,000 population. Black men in this age group had a gonorrhea rate of 2,075.9. These rates were on average about 23 times higher than those of 15- to 19-year-old white adolescents (Table 12B). Among 20- to 24-year-olds in 1998, the gonorrhea rate among blacks was almost 27 times greater than that of whites (3,408.9 vs. 126.5, respectively) (Table 12B).
- Despite declines in gonorrhea rates for most age and race/ethnic groups during the 1980s, African-American adolescents did not show declining trends in rates until 1991 (black women) and 1992 (black men). However between 1997 and 1998, gonorrhea rates increased nearly 10% for black females aged 15 to 19 years, and decreased slightly for black males in this age group (Table 12B, Figures R and S).
- The most recent epidemic of syphilis was largely an epidemic in heterosexual, minority populations<sup>1</sup>. Since 1990, rates of primary and secondary (P&S) syphilis

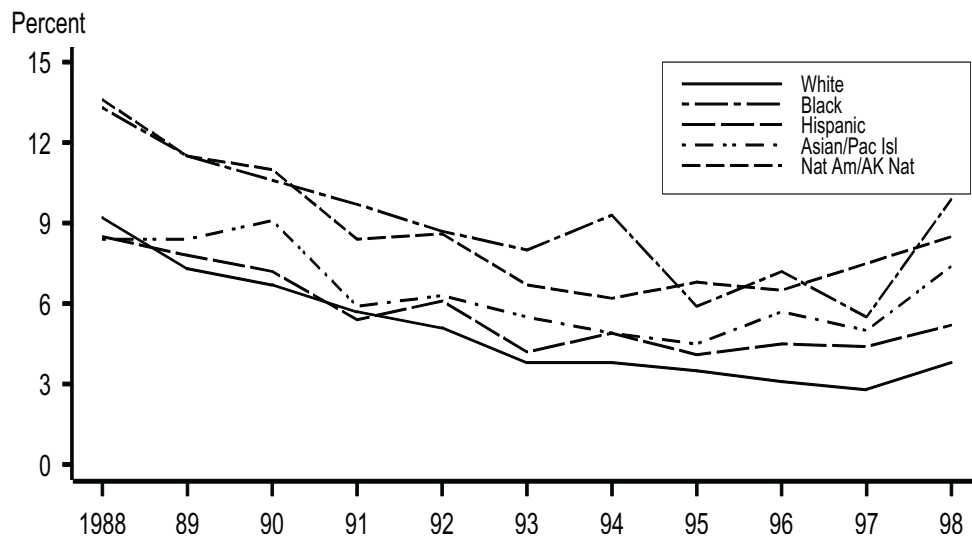
have declined among all racial and ethnic groups except American Indian/Alaska Natives. However, rates for African-Americans and Hispanics continue to be higher than for non-Hispanic whites. In 1998, African-Americans accounted for about 79% of all reported cases of P&S syphilis (Table 23A). Although the rate for African-Americans declined from 21.8 cases per 100,000 population in 1997 to 17.1 in 1998, the latter rate was 34-fold greater than the non-Hispanic white rate of 0.5 per 100,000 population. Between 1997 and 1998, primary and secondary syphilis rates for black females aged 15 to 19 years declined by 21.4%, and for black males in this age group, by 24.2% (Figures T and U, Table 23B). Similarly, the P&S rates declined about 25% between 1997 and 1998 among young black adults aged 20 to 24 years. The 1998 rate of P&S syphilis in Hispanics was 1.5 (Figure 33, Table 23B).

- In 1998, the rate of congenital syphilis in African-Americans was 87.0 per 100,000 live births and 27.9 in Hispanics compared with 2.9 in whites (Figure V). Compared with 1997, this represented a 29% decrease for blacks and a 17% decrease for Hispanics.

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<sup>1</sup>Nakashima AK, Rolfs RT, Flock ML, Kilmarx P, Greenspan JR. Epidemiology of syphilis in the United States, 1941 through 1993, *Sex Transm Dis* 1996;23:16-23.

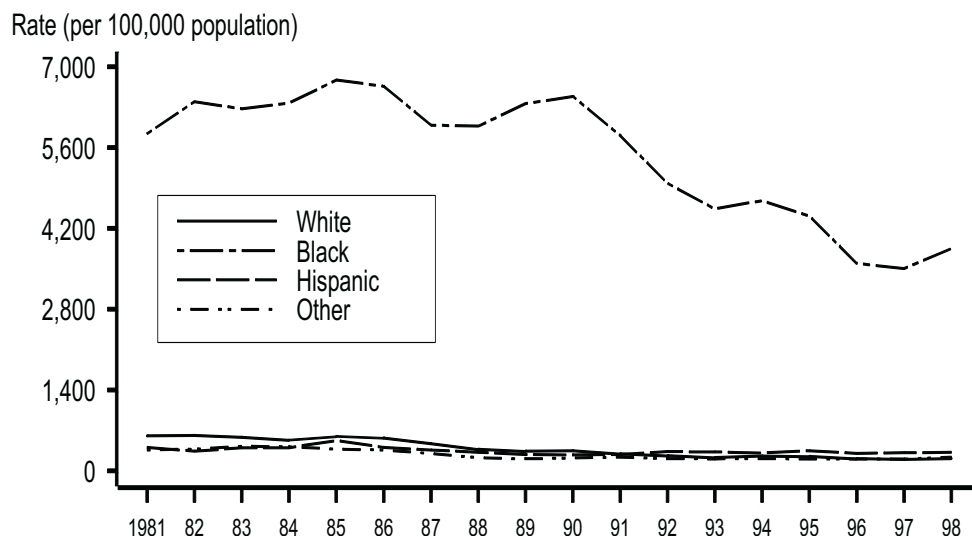
**Figure Q. Chlamydia — Positivity among women tested in family planning clinics by race and ethnicity: Region X, 1988–1998**



Note: Women who met screening criteria were tested. Trends not adjusted for changes in laboratory test method in 1994 and 1998 and associated increases in test sensitivity.

SOURCE: Regional Infertility Prevention Program: Region X Chlamydia Project (Alaska, Idaho, Oregon and Washington)

**Figure R. Gonorrhea — Reported rates for 15-19 year old females by race and ethnicity: United States, 1981–1998**



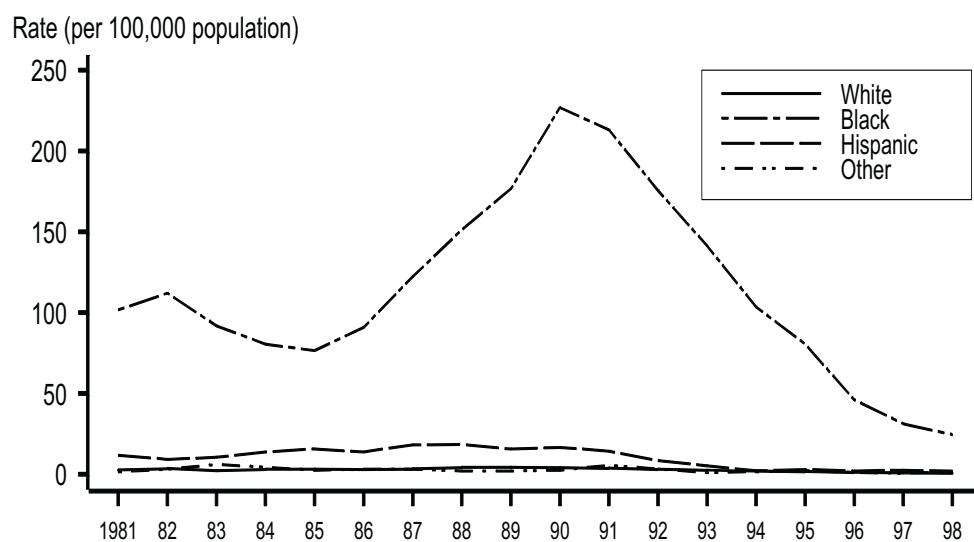
Note: See Appendix. Black, White, and Other are non-Hispanic.

**Figure S. Gonorrhea — Reported rates for 15-19 year old males by race and ethnicity: United States, 1981–1998**



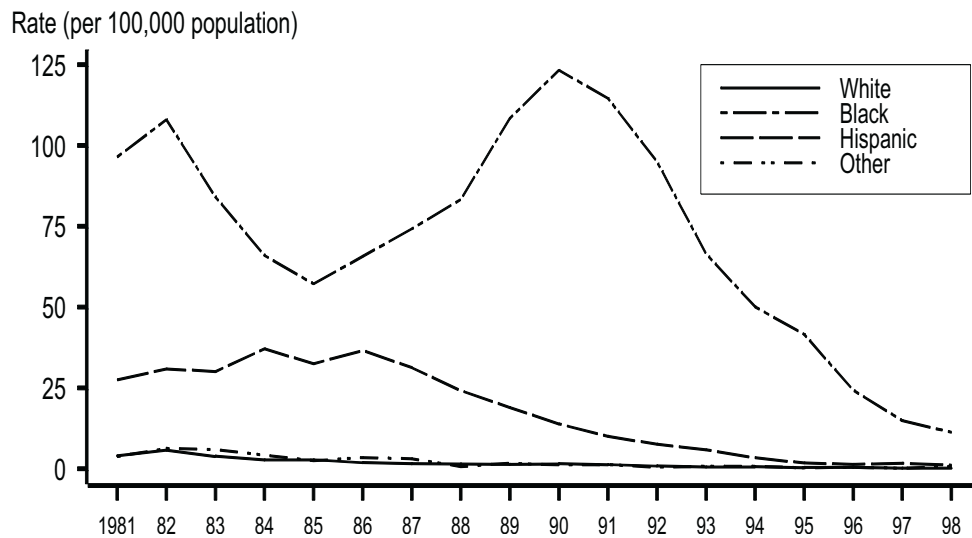
Note: See Appendix. Black, White, and Other are non-Hispanic.

**Figure T. Primary and secondary syphilis — Reported rates for 15-19 year old females by race and ethnicity: United States, 1981–1998**



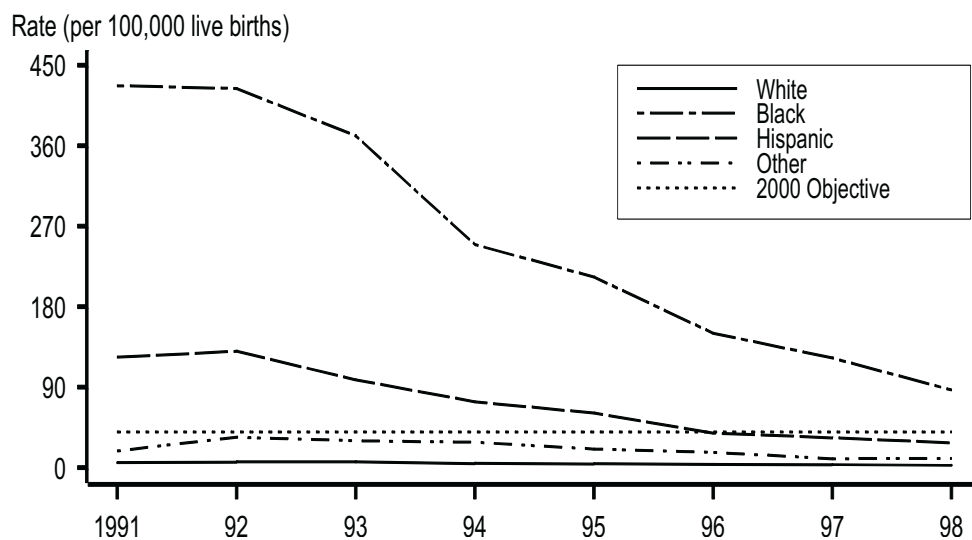
Note: See Appendix. Black, White, and Other are non-Hispanic.

**Figure U. Primary and secondary syphilis — Reported rates for 15-19 year old males by race and ethnicity: United States, 1981–1998**



Note: See Appendix. Black, White, and Other are non-Hispanic.

**Figure V. Congenital syphilis — Rates for infants <1 year of age by race and ethnicity: United States, 1991–1998**



Note: See Appendix. Less than 5% of cases had missing race/ethnicity information and were excluded. Black, White, and Other are non-Hispanic.

